

The Orange-Ulster BOCES must obtain parental permission to provide your child emergency medical treatment. When school officials cannot reach a parent, guardian or an emergency contact listed on this form, they will share the information provided below with other persons on a need to know basis.

Two reminders: 1) Hospital officials request your health insurance policy number to register and treat your child.

2) The Orange-Ulster BOCES Student Accident Insurance pays only for costs NOT covered by your family insurance.

Return completed form to school with your child. A new form must be completed for any changes in the information

Name of Student: _____ D.O.B. _____

School District: _____

Address: _____

City _____ State _____ Zip Code _____

Father/Guardian: _____ Mother/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email address: _____ Email address: _____

Emergency contacts (other than parent or guardian);

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email address: _____ Email address: _____

Physician/Health Care Provider: _____ Phone: _____

Medication (include name, dosage, time): _____

(Note: See attached Medication Administration Procedures and Permission Form)

Medical Conditions/Problems: _____

Allergies(asthma, etc): _____

Special Equipment: _____

Private Medical Insurance (name, policy number): _____

Medicaid Medical Insurance (name, policy number): _____

Please attach any COURT ORDERS that prohibit contact with your child.

Signature of Parent/Guardian: _____ Date: _____